

COMMONWEALTH OF MASSACHUSETTS

NORFOLK, SS.

SUPERIOR COURT DEPARTMENT
OF THE TRIAL COURT

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COMMONWEALTH OF MASSACHUSETTS,

v.

KAREN READ.

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* Docket No. 2282CR00117
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BEFORE THE HONORABLE BEVERLY CANNONE

THURSDAY, JUNE 20, 2024

TESTIMONY OF RENEE STONEBRIDGE AND IRINI SCORDI-BELLO

APPEARANCES:

For the Commonwealth:

BY: ADAM LALLY, A.D.A.
LAURA MCLAUGHLIN, A.D.A.

For the defendant:

BY: DAVID YANNETTI, ESQ.
ALAN JACKSON, ESQ.
ELIZABETH LITTLE, ESQ.

Dedham, Massachusetts
Room 25

Christine D. Blankenship, CVR
Court Reporter/Transcriber

I N D E X

WITNESS:	DIRECT	CROSS	REDIRECT	RECROSS
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Renee Stonebridge
(By Mr. Lally)

Irini Scordi-Bello
(By Mr. Lally) 23

Exhibits:

641 Medical Records of John O'Keefe

642 Death Certificate

643 Diagram of Injuries on Body from Medical Examiner

644 Diagram of Injuries on Head from Medical Examiner

638 Overview of Plotted Points from Axiom

639 Map of Plotted Points from Cellebrite

640 Printout from John O'Keefe's Phone

1 (Court in session.)

2 (Defendant is present with counsel.)

3 (Jury in.)

4 THE COURT: Your next witness, Mr. Lally.

5 MR. LALLY: Yes, Your Honor. The Commonwealth would
6 call Dr. Renee Stonebridge to the stand.

7 THE COURT: Okay.

8 RENE STONEBRIDGE, sworn

9 THE COURT: Once you sit, I'm going to tell you that
10 you have to keep your voice up. We want to keep our air
11 conditioning on. So just if you'd speak loudly into the
12 microphone, that would be great.

13 THE WITNESS: Yes.

14 THE COURT: Thank you. Go ahead, Mr. Lally.

15 **DIRECT EXAMINATION**

16 **BY MR. LALLY:**

17 Q Good afternoon.

18 A Good afternoon.

19 Q Could you please state your name and spell your last
20 name for the jury?

21 A Yes. My name is Renee Stonebridge. Last name
22 Stonebridge, S-T-O-N-E-B-R-I-D-G-E.

23 Q And what do you do for work, ma'am?

24 A I'm employed through the Chief Medical Examiner's
25 Office at Boston as Director of Cardiac and Neuropathology

1 and Medical Examiner.

2 Q Now, if I could ask you just a few questions about sort
3 of your educational and work history background, if that's
4 all right.

5 A Yes.

6 Q Starting with your bachelor's degree, where did you go
7 and what if any area did you receive a degree in?

8 A So I went to SUNY at Stony Brook in New York. I was a
9 double major in biology and dramatic languages and
10 literature. I graduated with a Bachelor's of Science
11 degree. After that, I went to the American University of
12 Antigua for medical school, and I graduated with honors,
13 magna cum laude. After that, I did four year combined in
14 anatomic and clinical pathology residency program at NYU
15 Winthrop Hospital in Long Island, New York. After that, I
16 did a one year forensic pathology fellowship at the Boston
17 office of the chief medical examiner. And after that, I did
18 a two year neuropathology fellowship program through Brown
19 University at Rhode Island Hospital.

20 Q And, Doctor, are you board certified?

21 A Yes, I am board certified in anatomic pathology,
22 clinical pathology, forensic pathology, and neuropathology.

23 Q And if you could just explain to the jury a little bit
24 about what sort of what -- what does board certified mean?

25 A Board certification means that every medical specialty

1 has their own board. So, for example, the American Board
2 of Pathology dictates whether or not you can be board
3 certified based on certain criteria. So you have to meet
4 certain criteria, meaning that you have to complete a
5 certain number of surgical specimens, a certain number of
6 autopsies, and then once you meet that criteria, you can
7 take an exam, which, if you pass, leads to your board
8 certification.

9 Q Now, if I could ask you just a couple -- and your board
10 certification is up to date at this point; is that correct?

11 A Yes.

12 Q In each of those areas that you just spoke of?

13 A Yes.

14 Q Now, if I could ask you some general terms, as far as
15 if you could define them for the jury. First of all, what
16 is pathology in a general sense?

17 A Pathology is essentially the study of any sort of
18 disease or abnormal state of the body tissue. So anything
19 that can go wrong in the body and any of the body systems
20 is essentially the study of pathology.

21 Q And now starting with anatomic pathology, what is --
22 what is anatomic pathology, more specifically?

23 A Anatomic pathology consists of the study of surgical
24 specimens. So, for example, if someone goes to the hospital
25 to have a tumor removed, that specimen will go to

1 pathology. The pathologist will look at it, cut it, look at
2 specimens under the microscope. Order any ancillary tests,
3 if necessary, and then make a diagnosis, which is then
4 conveyed to the clinician.

5 An anatomic pathology also consists of cytopathology
6 which is looking at individual cells, and then it also
7 consists of autopsy pathology.

8 Q And as far as clinical pathology, what does that mean?

9 A Clinical pathology is anything that is lab related in
10 pathology. So if you have to get blood drawn and then the
11 results come back, that is clinical pathology. If there's
12 any sort of blood work that needs to be done, for example,
13 if you're going to have a surgery and they have to cross
14 match and type you in case of a blood transfusion, that's
15 considered clinical pathology. Also microbiology. So
16 anything infectious. So essentially, anything that goes
17 through a lab is clinical pathology.

18 Q And what is forensic pathology?

19 A Forensic pathology is the study of autopsies in a
20 medical legal sense. It doesn't necessarily mean that it's
21 always going to be something that is legal. Sometimes it
22 may be just a person who has not seen a doctor many years
23 dies at home. There's no physician that is willing to sign
24 a death certificate. So we work on those types of cases,
25 plus anything that is not natural.

1 Q Now, neuropathology, what is that?

2 A Neuropathology is the study of the brain, spinal cord,
3 eyes, muscles, and nerves.

4 Q And if you could just again in general terms, as far as
5 case work is concerned, related to your work as a director
6 of the neuropathology, can you explain to the jury, sort of
7 what it is that you do with respect to neuropathology?

8 A Yes. So my job primarily entails me to be a consultant
9 for the medical examiner. So the medical examiners have a
10 certain set of criteria that they follow in order to
11 determine whether or not a brain needs to be saved for
12 neuropathologic analysis. So upon following that criteria,
13 if the brain is saved, it gets put into formalin which
14 essentially fixes the brain so it firms it up, so it makes
15 it easier to analyze. So after the brain has been fixed, I
16 usually let them fix about two weeks. Sometimes it could be
17 a little more, little less, depending on circumstances. I
18 will then look at the brain, take photographs of it from
19 all sides, and then cut the brain, take photographs,
20 document any sort of abnormalities. And then if I feel the
21 need to take sections to look at under the microscope, then
22 I will take those sections. They will be processed through
23 histology. I will look at the slides. Sometimes you may
24 have to add in additional testing, for example,
25 immunohistochemistry, to see if there's anything in

1 particular that you cannot maybe diagnose solely on looking
2 at the histology. And then once that is done, I will issue
3 a report to the medical examiner, and then they use it in
4 terms of determining their cause and manner of death, if
5 necessary.

6 Q Now, as far as that formalin process, as far as the
7 solution is concerned, is there a typical time period that
8 the brain would have to be in that solution prior to you
9 examining it or cutting it or any of those other things?

10 A Usually about two weeks, give or take, maybe a few days
11 here and there, but I usually try to let them fix at least
12 ten days minimum.

13 Q And again, in general terms with respect to the types
14 of cases that are referred to you, what types of cases are
15 typically referred to you?

16 A So part of the criteria that we use is that any cases
17 for children or babies under the age of two years, those
18 always come to me. Also, if there is any cases that have
19 blunt head trauma that may be suspicious or homicidal in
20 nature, those will typically come to me as well. Some of
21 the other cases may be just difficult neuropathologic
22 entity that a non-neuropath trained medical examiner may
23 not be able to really diagnose. And then sometimes there's
24 cases that are just surprise cases where the medical
25 examiner opens up the head and they see something

1 interesting or abnormal and they decide to save that case
2 for me to look at further.

3 Q Now, with respect to -- with respect to the cases that
4 you do see, at some point, did you become involved in
5 analysis or testing of a brain belonging to a John O'Keefe?

6 A Yes.

7 Q And who was the doctor that was the medical examiner
8 that made that referral in this case?

9 A It was Dr. Irini Scordi-Bello.

10 Q And with respect to your analysis here, obviously you
11 looked at the brain. What, if any, other sources of
12 information did you review or did you look at in ultimately
13 formulating your opinion in this case?

14 A So at the time when I was able to cut the brain of Mr.
15 O'Keefe, I had information that was relayed to us from our
16 intake department. So when a case gets called into the
17 medical examiner, it gets taken by the intake department,
18 and they're given kind of just a rough summary of the case.
19 I also had the police report. I had the EMS report. I had
20 the medical records from when Mr. O'Keefe was in the
21 hospital. I also had medical records from the primary care
22 physician. I had autopsy photos, and I also had, I believe,
23 the -- I'm just going to refer to my notes here because I
24 had a lot of notes. I also had the inventory and tracking
25 sheets, which are notes created by the medical examiner,

1 and the neuropath request itself.

2 Q Now, are you familiar with some terms in relation to
3 injuries that you would observe, as far as from a
4 neuropathological perspective, as far as injuries being
5 acute, subacute, or remote?

6 A Yes.

7 Q And can you explain to the jury sort of what those are
8 and what those mean?

9 A So it depends on circumstances. Acute, generally is
10 something that it happened within a very short time frame.
11 So when I refer to something as being acute, I usually
12 refer to that as something that's occurring from the time
13 of an injury to maybe a day or so afterwards. As I said,
14 it's variable, dependent on circumstances.

15 Subacute is something that has not happened within the
16 last few minutes, few hours, maybe even a day, and maybe
17 something that is now in the process of healing. And then
18 chronic is usually something that has happened a while ago
19 in the past. You may see some sort of evidence of some
20 type of injury in a chronic state. You may also not see any
21 evidence, because it may have completely healed by that
22 point.

23 Q And so from your analysis in this case, how would you
24 characterize, or how did you characterize, in your opinion,
25 from everything that you reviewed as far as the injuries

1 you observed to Mr. O'Keefe's brain?

2 A The injuries I observed were acute injuries, meaning
3 that they probably occurred minutes to hours.

4 Q Now, if I could turn your attention to your findings as
5 far as when you conducted your analysis and your testing in
6 this particular case, what, if anything, did you find as
7 far as injuries to Mr. O'Keefe's brain?

8 A So when I look at the brain, what I do is I look at all
9 surfaces from all sides, and one of the things that I look
10 for is anything grossly obvious, meaning anything I could
11 look at the brain and see that there's something there that
12 shouldn't be there. So one of the first things I noticed
13 was a subarachnoid hemorrhage. And subarachnoid hemorrhage
14 is something that occurs when you have bleeding within the
15 leptomeninges. The leptomeninges are a very thin membrane
16 that encase the brain and the spinal cord, and there should
17 not be blood freely floating within the leptomeninges. So
18 if you have a subarachnoid hemorrhage, most of the time,
19 the causes are either a ruptured aneurysm, which is
20 something I would see upon cutting the brain, or some type
21 of trauma. So that was the first finding.

22 THE COURT: Can I stop you there just for a second of
23 those taking notes and for our court reporter, could you
24 spell the type of hemorrhage and the membrane?

25 THE WITNESS: Yes. Subarachnoid is

1 S-U-B-A-R-A-C-H-N-O-I-D. And leptomeninges,
2 L-E-P-T-O-M-E-N-I-N-G-E-S.

3 THE COURT: Thank you very much.

4 THE WITNESS: You're welcome.

5 Q Now with regard to anything related to the aneurysm
6 that you indicated that you would have seen, what, if
7 anything, did you see during the course of your review or
8 testing or analysis of Mr. O'Keefe's brain?

9 A So aneurysms are typically seen in the cerebral vessels
10 that sit around the base of the brain. So there's something
11 called the Circle of Willis, which is the main arterial
12 supply sits around the base of the brain, and it's kind of
13 shaped like a circle that has vessels that come off that
14 extend to other areas of the brain. So typically, if there
15 is an aneurysm that is ruptured, it's going to be located
16 somewhere in one of those vessels. So upon observing those
17 vessels, I did not see any evidence of any aneurysm or any
18 sort of natural disease state that might have led to a
19 rupture in one of these vessels.

20 Also, sometimes these vessels since they do go deep
21 into the brain, you may only see the rupture upon cutting
22 the brain, and I did not see any evidence of any rupture of
23 any of these vessels anywhere in the brain.

24 Q Now, as far as the subarachnoid hemorrhage that you
25 observed, where was that located within the brain, and if

1 you could --

2 A So the subarachnoid hemorrhage was on the frontal poles
3 which is essentially right here (indicating) in the front
4 of the brain. So the frontal lobes obviously sit in the
5 front, and then the poles are the very front most portion
6 of the brain. So it was on the frontal poles. It was also
7 on the left temporal pole. So the temporal region is right
8 here in the temporal region, and because of the way that
9 the temporal lobe is shaped, it kind of has a little loop
10 right in the front, so it has a pole as well. So it was on
11 the left temporal pole. And then it was also in the left
12 lateral fissure. So you have a frontal pole here. You have
13 the temporal lobe right here, and then the lateral fissure
14 goes kind of in between the temporal and the frontal lobe.
15 So you have the hemorrhage here, hemorrhage here, and then
16 hemorrhage right there. So it's kind of all concentrated
17 almost in one area, but then there was also hemorrhage of
18 the posterior surface of the right temporal as well, so on
19 this side.

20 Q Now, Doctor, I'm probably going to butcher this
21 horribly, but just as far as the bilateral unci, are you
22 familiar with that?

23 A Yes. So the unci are the medial portion of the temporal
24 lobes. So the brain is essentially oriented in a way that
25 each hemisphere, the right and left hemisphere, are the

1 same. The unci are the most inner portion of the temporal
2 lobes, so the unci sit just next to the brainstem. So if
3 you have anything that causes herniation of these unci,
4 they start to push inwards onto the brainstem. So say this
5 is a brainstem here, the unci, they start to push in. And
6 because the brain is within the skull, the skull is hard,
7 you have no room for any sort of expansion of the brain, if
8 there is herniation, it will start to push in that area
9 because the brain stem turns into the spinal cord and goes
10 out of the skull through the foramen magnum. So you have
11 this hole about this big or so (indicating) at the base of
12 the skull where the brain stem turns to the spinal cord
13 then comes out. So that's one of the only areas in which
14 the brain can actually move because it's encased in the
15 hard skull.

16 So if you have a herniation, it'll start to push and
17 then push downwards.

18 THE COURT REPORTER: Could I ask you to spell unci?

19 THE WITNESS: U-N-C-I.

20 Q And with reference to this bi -- excuse me -- bilateral
21 unci area, what, if any, herniation did you observe?

22 A So when the unci herniate, it can be subtle. Sometimes,
23 if it's herniated enough, you may see hemorrhages in the
24 brainstem. And this happens because this tissue is now
25 pushing on the brainstem, and it's essentially being

1 compressed. So there was herniation noted, and then there
2 was hemorrhage within the brainstem.

3 Q Now, if I could ask you, Doctor, just to -- are
4 familiar with the term or the medical term known as
5 contusion?

6 A Yes.

7 Q And can you explain just in general terms to the jury
8 what you understand that term to mean?

9 A So a contusion is essentially a bruise. It's blood
10 that's coming out from a blood vessel. It's a blood vessel
11 that has been broken in some way, and now there's blood
12 coming out.

13 Q Now, are you also familiar with another term part of
14 that term known as a punctate contusion?

15 A Yes. So a punctate is essentially just a way to
16 describe the size of a contusion. When I say punctate, I
17 mean something that's very, very tiny. It almost just like
18 a dot.

19 Q And with respect to punctate contusion, what, if
20 anything, did you observe in Mr. O'Keefe's brain and where
21 was it located?

22 A So there were punctate contusions in the frontal and
23 temporal cortices. So frontal, once again, is the front
24 portion right here. Temporal is kind of right behind it in
25 this area. And the cortex is the gray matter of the brain.

1 So it's a thin strip that kind of just goes around the
2 brain and then the white matter is underneath all that.

3 So in traumatic injuries, you can see punctate
4 contusions or even larger contusions in the cortex. It
5 usually indicates that the brain has been pushed against
6 something which is now causing these little blood vessels
7 to rupture, hence seeing the contusions, because the blood
8 is no longer contained in the blood vessels.

9 Q Now, Doctor, with regard to the subarachnoid
10 hemorrhage, is there anything that you're able to do as far
11 as measuring that?

12 A It's hard to measure because it's usually pretty vague.
13 It's not usually something that is a well circumscribed,
14 meaning I could say it starts here and ends here. A lot of
15 times a subarachnoid hemorrhage because it's sitting in
16 this space that it's not supposed to be in, it can spread.
17 So it may be thicker in one area, thinner in another. So
18 you may have some that may appear just as a very faint
19 hemorrhage, and then some that might be very thick, which
20 you can physically measure. So I usually just give an area
21 where it is and say it's here, it's here, it's there
22 because it's -- it's almost like measuring something that
23 has blurred edges. You can't really get a completely
24 accurate measurement.

25 Q And what, if anything, were you able to observe or

1 measure with regard to subarachnoid hemorrhage in the area
2 of the left prefrontal -- prefrontal lobe.

3 A So it appeared thicker in that area, meaning that as
4 opposed to it looking just like a faint red color that
5 should not be that color, it was actually thick enough that
6 it was obscuring the underlying brain parenchyma.

7 Q If I could turn your attention, Doctor, just back for a
8 moment to the punctate contusions that you were testifying
9 about before.

10 As far as your observations of those, was that one or
11 more than one or what? How many did you observe?

12 A So there were multiple. There were multiple contusions
13 to the point where it's not something that you can count. I
14 mean, you could count it, but it would probably take a very
15 long time. If it had been something like one or two, three,
16 four, maybe a handful, it would probably be something I
17 would say there are three here, four there, but there were
18 so many that it didn't serve a purpose to count.

19 Q And the number of those, what, if any, significance did
20 that have in regard to your analysis, your observations, or
21 your opinion?

22 A So given that there's multiple it means that there's
23 enough pressure in the brain that there were many surfaces
24 that were pressing on the bony prominences of the skull,
25 which was leading to a lot of blood vessels rupturing

1 causing these contusions.

2 Q Now, I think you've talked a little bit, but just in
3 general terms, if you could describe for the jury, what is
4 a hemorrhage?

5 A So a hemorrhage is essentially blood that's coming out
6 from a vessel. So it's like a bruise, hemorrhage, bruise,
7 contusion. They're fairly similar. Some people use them
8 interchangeably, but it's essentially blood that's no
9 longer contained in the blood vessel.

10 Q And when something is termed medically, based on your
11 training and experience, as a diffuse hemorrhage, what does
12 that mean?

13 A So diffuse means it's over a very large area. It's not
14 something that's just a tiny little area you could say,
15 okay, I'm looking at this person's, let's say, liver, and
16 there's a 2 by 2 centimeter hemorrhage sitting right there
17 in the right lobe of the liver. Diffuse would mean there's
18 hemorrhage throughout nearly the entirety of the liver.

19 Q Now, with regard to you made a note as far as there
20 being a diffuse hemorrhage within the pons, P-O-N-S; is
21 that correct?

22 A Yes.

23 Q And can you explain to the jury sort of what that means
24 and where is that located within the brain?

25 A So the pons is part of the brainstem. So the brainstem

1 starts right in the middle of the brain, and you have the
2 midbrain, the pons, the medulla, and then it turns into the
3 spinal cord. So the pons is kind of in the middle of the
4 brainstem. And when you have hemorrhage in the pons, in
5 this circumstance, it was because there was the herniation
6 of those unci which began moving closer and closer towards
7 the pons, pressing on it, causing hemorrhage because now
8 the tissue is compressed, the blood is not going to be able
9 to flow in and out freely, therefore hemorrhage.

10 Q Now, with regard to the totality of what you reviewed,
11 in this case, in regard to Mr. O'Keefe, were you able to
12 form any opinions to a reasonable degree of medical
13 certainty in regard to the injuries that you observed to
14 Mr. O'Keefe's brain?

15 A I was able to determine that these are acute, traumatic
16 injuries. I know that based on what I observed and in
17 combination with the autopsy findings, that this is due to
18 some type of trauma.

19 Q If I could ask as far as you have certain findings as
20 far as an intraventricular hemorrhage in occipital forms of
21 the lateral ventricles, correct?

22 A Yes.

23 Q If you could please explain to the jury what exactly
24 does that mean?

25 A Yes. So the ventricles are almost like a tunnel system

1 of the brain in which the cerebral spinal fluid flows
2 through. So the cerebral spinal fluid serves as a fluid
3 that nourishes the brain. It provides a flow of nutrients,
4 oxygen, things like that. And it starts in the frontal
5 portion of the brain, and then it goes backwards towards
6 the occipital, which is the back, and it also flows
7 downward through the brain stem and then into the spinal
8 cord as well. So the occipital horns of the lateral
9 ventricles are in the back of the head, and having
10 hemorrhage in those areas, and in any area of the
11 ventricular system, is usually indicative of some type of
12 trauma. So there should not be blood freely flowing within
13 the ventricular system.

14 Q Now, Dr. Stonebridge, with regard to your findings, you
15 mentioned that your findings were that the injuries were
16 acute and that the injuries were the result of trauma,
17 correct?

18 A Yes.

19 Q What, if anything, can you say or can you opine as to
20 the mechanism for those acute traumatic injuries?

21 A It was something that required some type of force given
22 that there were skull fractures. I can't say what type of
23 force or how much force, but it was definitely something
24 that caused some type of force which led to the skull
25 fractures and then the subsequent brain findings.

1 Q And the brain findings in particular that you made,
2 were those consistent with the fall?

3 A They can be, yes.

4 Q Can they also be consistent with being struck by a
5 vehicle and then going to the ground?

6 A Yes, they can be.

7 MR. LALLY: Thank you, Doctor, I have no further
8 questions, Your Honor.

9 THE WITNESS: You're welcome.

10 THE COURT: Cross-examination.

11 MS. LITTLE: No questions. Thank you.

12 THE WITNESS: You're welcome.

13 THE COURT: Doctor, thank you very much. You are all
14 set. Thank you.

15 All right. Mr. Lally, your next witness.

16 MR. LALLY: Yes, Your Honor. The Commonwealth calls Dr.
17 Irini Scordi-Bello to the stand.

18 THE COURT: Okay.

19 MR. LALLY: And, Your Honor, as she's coming in, may we
20 approach briefly?

21 THE COURT: Sure.

22 (Sidebar commences.)

23 MR. LALLY: So, Your Honor, as a housekeeping matter, I
24 just wanted to make sure. My understanding is I don't
25 think that Mr. O'Keefe's medical records from the Good

1 Samaritan have actually been admitted as an exhibit. I
2 know we discussed it --

3 THE COURT: Okay.

4 MR. LALLY: -- a number of different times, but I think
5 they have been last marked for identification as SS.

6 THE COURT: Because they needed redactions, right?

7 MR. LALLY: Because they needed redactions, which I
8 don't have any issue with the proposed redactions that Ms.
9 Little had placed, but I just want to make sure they're in
10 as an exhibit before I --

11 THE COURT: Okay. Do you need to have that?

12 MS. LITTLE: I gave it to Mr. Lally.

13 MR. LALLY: I believe that this one is also.

14 THE COURT: Do you want to take a look at it? And are
15 you going to be showing photographs, autopsy photographs?

16 MR. LALLY: Yes.

17 THE COURT: Just give me a heads up when you're doing
18 that unless you want me to give the instruction before the
19 testimony.

20 MR. LALLY: I think it might make sense before the
21 testimony.

22 THE COURT: Okay.

23 MR. LALLY: Because they're all -- there's also going
24 to be diagrams.

25 THE COURT: Okay.

1 MR. YANETTI: While she's looking through that, Your
2 Honor, we should (indiscernible) --

3 THE COURT: You need to come closer.

4 MR. YANETTI: I think the Court knows this. We do not
5 have witnesses here.

6 THE COURT: Yeah, I told you, you did not need
7 witnesses today.

8 MR. YANETTI: I just wanted to make sure.

9 THE COURT: And that's why I wanted to make it clear:
10 I told you. Your witnesses aren't here because I said so.

11 MR. YANETTI: Thank you.

12 THE COURT: All right. So you can go put this into
13 evidence.

14 MR. LALLY: Okay.

15 THE COURT: Unless you all want to agree -- because I
16 think -- was it entered and then subject to redaction I
17 said I wouldn't take it until it was redacted? So I can
18 administratively say, Madam Court Reporter, SS for
19 identification is now an exhibit.

20 THE CLERK: Yes.

21 THE COURT: All right.
22 end of sidebar.)

23 THE COURT: So, Madam Court Reporter, what was
24 previously marked SS for identification is now the next
25 exhibit.

1 (Whereupon Exhibit No. 641, Medical Records of John O'Keefe
2 (formerly SS for ID), was marked as an exhibit.)

3 THE COURT: So are you looking for my instruction now,
4 Mr. Lally?

5 MR. LALLY: Yes, please, Your Honor.

6 THE COURT: All right. So, jurors, I gave you a
7 similar instruction before about photographs. So the
8 Commonwealth intends to introduce into evidence, through
9 the next witness, certain photographs showing Mr. O'Keefe
10 post-mortem. You'll have those photographs with you in
11 connection with this case. I understand that they will be
12 some of them will be shown up on the screen, and that's why
13 I want to sort of give you a warning that that will happen.

14 When they come to you as exhibits, they'll be placed in
15 an envelope. You can look at them briefly. They'll be
16 covered, is what I'm saying to you. So the photographs are
17 not pleasant. They can be described as graphic, and I
18 instruct you that your verdict must not in any way be
19 influenced by the fact that these photographs will be
20 unpleasant, perhaps sad, and graphic.

21 The defendant is entitled to a verdict based solely on
22 the evidence, and not one based on pity or sympathy for Mr.
23 O'Keefe, which might be occasioned by the photographs. So
24 please consider those photographs only as they draw your
25 attention to a clinical, medical status, or to the nature

1 of Mr. O'Keefe's injury or to the nature of the incident
2 itself. Okay. All right. Now your next witness please,
3 Mr. Lally.

4 MR. LALLY: Yes, Your Honor.

5 IRINI SCORDI-BELLO, sworn

6 THE COURT: Good afternoon, Doctor.

7 THE WITNESS: Good afternoon.

8 THE COURT: All right. Mr. Lally, whenever you're
9 ready.

10 **DIRECT EXAMINATION**

11 **BY MR. LALLY:**

12 Q Good afternoon, Doctor.

13 A Good afternoon.

14 Q Could you please state your name and spell your last
15 name for the jury?

16 A My name is Irini Scordi-Bello. My last name is spelled
17 S-C-O-R-D-I hyphen B-E-L-L-O.

18 Q And how are you employed, ma'am?

19 A I am employed as a medical examiner.

20 Q And for whom are you employed?

21 A I'm employed by the Office of the Chief Medical
22 Examiner for the Commonwealth of Massachusetts.

23 Q And how long has it been that you've been medical
24 examiner for the Office of the Chief Medical Examiner of
25 Massachusetts?

1 A I have been with OCME in Massachusetts since the --
2 since December of 2016.

3 Q Now, ma'am, if I could take you back and just ask you a
4 few questions regarding your educational background, work
5 history a little bit prior to working at the OCME in
6 Massachusetts. If I could start with your undergraduate
7 work as far as where did you go, and what, if anything, did
8 you receive a degree in?

9 A I completed a bachelor's degree in microbiology at the
10 University of California.

11 Q And after receiving that degree, where did you go from
12 there?

13 A I went on to the University of Miami where I completed
14 my doctorate degree in immunology. And following that, I
15 moved up to New York City, where I went to medical school,
16 and completed four years of medical school at the Mount
17 Sinai School of Medicine. And following medical school, I
18 completed three years of pathology residency at the Mount
19 Sinai Hospital.

20 Q And then following your residency at Mount Sinai, where
21 did you go from there?

22 A And from there I went downtown in New York City, and I
23 completed a one year fellowship in forensic pathology of
24 the at the Office of the Chief Medical Examiner for the
25 city of New York.

1 Q And following that one year fellowship there, where did
2 you go from there?

3 A I worked in New York City until 2016, when I moved here
4 to Massachusetts.

5 Q Now, are you board certified?

6 A Yes, I am.

7 Q And what are you board certified in?

8 A I'm board certified in atomic pathology and forensic
9 pathology.

10 Q And if you could explain to the jury just briefly, what
11 does it mean to be board certified and sort of what is
12 entailed in that process?

13 A Board certification is actually a voluntary process
14 that a physician decides to go through. It involves
15 completing an accredited program in the specialty of
16 choice. In my case, it was pathology and forensic
17 pathology, and then completing a number of requirements, as
18 well as taking and successfully passing exams and then
19 being able to say that you're board certified.

20 Q And is that certification at this time, is that up to
21 date?

22 A Yes.

23 Q Now, with regard to the time that you've been working
24 as a forensic pathologist, are there any organizations that
25 you belong to in relation to your work in that field?

1 A Yes, I am a member of the National Association of
2 Medical Examiners.

3 Q And that's an acronym as far as NAME; is that correct?

4 A NAME, yes.

5 Q Now, with respect to that time frame as well, what if
6 any experience do you have in regard to teaching the areas
7 related to your field?

8 A I have always been interested in teaching. I started
9 teaching as a pathology resident, teaching other residents
10 and medical students, and during my time in New York City,
11 I enjoyed teaching medical students and residents. We had a
12 very active program -- education program in New York City.
13 So I've always been involved with teaching both pathology
14 and forensic pathology.

15 Q Now two of those terms themselves, if I could ask you
16 briefly, just to describe to the jury, as far as pathology
17 in a general sense, what is -- what is pathology?

18 A Pathology is a specialty of medicine, and pathology
19 looks at disease processes and as well as trauma and the
20 effect they have on the human body.

21 Q And what is forensic pathology?

22 A Forensic pathology looks at disease processes and
23 injuries in the human body and tries to determine the cause
24 of death in deceased individuals.

25 Q And as far as anatomic pathology, what exactly is that?

1 A Anatomic pathology, as opposed to clinical pathology,
2 is anything -- any -- has to do with any organ that is in
3 the body versus clinical pathology that deals with fluids
4 and blood analysis and things like that. So anatomic
5 pathology, a lot of anatomic pathologists, are surgical
6 pathologists. That's another term that you will hear. These
7 are pathologists in the hospital that look at tissues under
8 the microscope and they come to a diagnosis, whether
9 something is benign or malignant. And forensic pathology
10 takes anatomic pathology to another step, to another level,
11 by looking at the whole body and trying to determine the
12 cause of death instead of organ specific. Instead of just
13 looking at one organ, forensic pathology looks at the whole
14 body.

15 Q Now, you're also familiar through your work and
16 training and experience in regard to forensic pathology
17 with the term called autopsy?

18 A Yes.

19 Q And is that something that typically you would do in
20 the case of sort of your investigation and your analysis in
21 regard to pathological analysis when it came to a body or a
22 patient that comes in?

23 A Yes, an autopsy is a procedure that we do to determine
24 the cause and manner of death.

25 Q And so, Doctor, with respect to an autopsy, it may be a

1 term that's pretty well understood, but if you could
2 explain in general terms, as far as when a body or a
3 patient comes in to the OCME, as far as what is an autopsy,
4 what is involved in it, and sort of what is that consist
5 of?

6 A Yes, when a case -- a death is first reported to the
7 medical examiner's office, we make a determination as to
8 whether that death falls under our jurisdiction. Cases that
9 fall under the jurisdiction of the medical examiner include
10 all violent deaths, all deaths that are due to not natural
11 causes, all accidents, intoxications, deaths of babies and
12 children and deaths in individuals that were not under the
13 care of a physician when the death occurred. So once a case
14 is accepted and it falls under our jurisdiction, it is
15 given a numerical number, and then the body is transported
16 from either the location of the death or the hospital to
17 our facility, a facility -- these. We have three facilities
18 in the state of Massachusetts.

19 Once the body comes to our facility, then there are a
20 number of steps that are taken. The body is processed. What
21 that means is that their pictures are taken, a weight is
22 taken, a height is taken. Everything is input into our
23 computer system, and then a determination is made as to
24 whether an autopsy is required in order for us to determine
25 the cause and manner of death. If the answer is yes, then

1 we proceed with the autopsy.

2 Q And as far as an autopsy is concerned, there are two
3 sort of primary components of that as far as an external
4 examination and an internal examination; is that correct?

5 A Yes.

6 Q And can you describe to the jury and again general
7 terms sort of what the process is in reference to both
8 external and internal?

9 A Yes. So the autopsy or the postmortem examination has
10 two main parts. The first one is the external exam, and it
11 is basically what it sounds like. We do a very thorough
12 exam of the outside of the body. We document physical
13 characteristics, eye color, hair color. We document any
14 scars or tattoos that may be on the body. We take pictures.
15 We make notes. We look for any signs of disease and any
16 signs of injury. All that is, as I mentioned, documented,
17 and once we're during the external examination, sometimes
18 we will take evidence. We will collect hair and nails from
19 the body we think that that is necessary or warranted.

20 And once the external examination is done, then we
21 proceed to the internal examination. That involves making
22 surgical type cuts on the body, what's known as the Y
23 incision that goes from shoulder to shoulder and down the
24 middle of the body. And the organs of the neck, the chest,
25 the abdomen are examined thoroughly, again, looking for and

1 documenting signs of disease or signs of injury. We do the
2 same thing with the head. The head is open. The brain is
3 removed, and we document any disease or injury.

4 Q Now, turning your attention to January 31, 2022, did
5 you have occasion to perform an autopsy in regard to a
6 patient or a body of John O'Keefe?

7 A I did.

8 Q And do you recall which of -- you mentioned there were
9 three different officers of the chief medical examiner
10 within the state of Massachusetts, correct?

11 A Yes, it was in the Cape Cod office.

12 Q Is that the office that you typically work out of?

13 A No, that's not the office I typically work out of. I --
14 my permanent position is in the Westfield office in Western
15 Massachusetts. I was covering the office that day because
16 we were short staffed.

17 Q And in the reference to the autopsy that you performed
18 with regard to Mr. O'Keefe, was that in conformity with
19 what you were speaking about just before, generally, as far
20 as how you conduct autopsies?

21 A Yes.

22 Q Now, during the course of the autopsy that you
23 performed in reference to Mr. O'Keefe, during the course of
24 the external examination, what, if anything, did you note
25 in reference to that external examination of Mr. O'Keefe?

1 A First, I noted that there was evidence of medical
2 intervention. Mr. O'Keefe's body was transported to our
3 facility from the hospital, and he had evidence of
4 attempted resuscitation. After I documented that, I
5 proceeded to document some injuries that I saw on Mr.
6 O'Keefe's body.

7 Q And before we turn to that, if I could just ask you a
8 couple more general questions. You've made some mention
9 earlier in your testimony as far as the cause and manner of
10 death in general, that's two things that you're trying to
11 determine during any sort of forensic pathological
12 examination, correct?

13 A Yes.

14 Q And what I'm going to ask you first is just in
15 reference to manner of death. Can you describe for the
16 jury sort of what are the different types of manner and
17 death, and how are they sort of classified from a
18 perspective from your office?

19 A Okay, yes. So the manner of death are the circumstances
20 that led to the cause of death. The cause of death being
21 the disease or the injury that initiated the sequence that
22 led to the fatal events. So the manner of death is
23 circumstance dependent. There are five general manners of
24 death or five umbrellas. The first one is natural. When we
25 determine manner of death to be natural, it means that the

1 death was caused exclusively by natural disease. That would
2 be heart disease, liver disease, cancer, aging,
3 Alzheimer's, dementia, et cetera.

4 The second manner of death is accident. That means that
5 the cause of death was due to an injury or due to an
6 intoxication, either a physical injury or a chemical
7 injury, but the circumstances show little or no evidence
8 that that intoxication or that injury was intentional. So
9 most motor vehicle accidents, more -- most drug overdoses,
10 most, you know, elderly falls are classified as accidents.
11 The fatal outcome was not intentional.

12 Homicide is a manner of death when we use when there is
13 injury inflicted by another person, but there is evidence
14 that there was intent to cause fear, harm, or death to the
15 other individual.

16 And suicide is due to either an injury or an
17 intoxication, and again, the circumstances and the evidence
18 suggest or point strongly to the fact that that was a self-
19 inflicted, intentional act on behalf of the person with the
20 intent to cause harm to themselves or cause death to
21 themselves. So most hangings, intentional overdoses by
22 prescription medications are classified as suicides.

23 And then we have -- I'm sorry -- and then we have one
24 more manner that we call undetermined. Some jurisdictions,
25 they call it could not be determined. That means that

1 evidence pointing towards one set of circumstances or one
2 manner is no more compelling than evidence pointing towards
3 another manner of death. So if we don't have enough
4 information to know whether something -- or to be able to
5 determine the circumstances, then we are left with an
6 undetermined manner of death.

7 Q Now, am I correct in stating that the cause of death is
8 something that's more like a medical determination; is that
9 correct?

10 A Yes, the cause --

11 MS. LITTLE: Objection.

12 THE COURT: So watch the leading questions, Mr. Lally.
13 It's sustained.

14 Q How would you characterize the determination that you
15 make in regard to a cause of death?

16 A The cause of death is based on my findings at the time
17 of autopsy along with any medical information that I may
18 have on that deceased individual.

19 Q Now, as far as the manner of death, how are you making
20 that determination?

21 A The manner of death, as I mentioned, is circumstance
22 dependent. I make that determination based on investigative
23 information that is provided to me by law enforcement, by
24 the people who did the investigation.

25 Q And what if any legal determination are you making as

1 far as when you classify something as a -- either of those
2 five categories in a manner of death?

3 A I am not making a legal determination. I'm making a
4 medical determination.

5 Q And so as far as the medical determination is manner of
6 death, when, specifically, when I'm talking about something
7 that could be ruled or listed as manner of death as absent,
8 is that -- what, if anything -- what if any determination
9 are you making as far as that is concerned?

10 A I'm making the determination that the information that
11 I have either shows no evidence or very little evidence
12 that the injury that led to the cause of death was
13 intentional. So I don't have any information to suggest
14 that that was an intentional act.

15 Q Thank you. Am I correct in saying that routinely people
16 charge with, say, motor vehicle homicides, it gets
17 classified as a manner of death as accident, correct?

18 MS. LITTLE: Objection.

19 THE COURT: Sustained.

20 MR. LALLY: May I approach, Your Honor?

21 THE COURT: Yes.

22 Q Doctor, I'm showing you a document. Ask you to review
23 it, look up when you're finished.

24 A (Witness complies.) Yes.

25 Q And do you recognize that document, Doctor?

1 A I do.

2 Q What do you recognize that to be?

3 A This is a copy of the death certificate for Mr. John
4 O'Keefe.

5 Q That's signed by yourself; is that correct?

6 A Correct.

7 Q And as far as the listing related to cause of death,
8 what did you list as cause of death on Mr. O'Keefe with
9 regard to his death certificate?

10 A Cause of death was blunt impact injuries of head and
11 hypothermia.

12 Q And with reference to manner of death, what, if
13 anything, did you list on Mr. O'Keefe's death certificate
14 in relation to manner of death?

15 A I listed could not be determined.

16 Q And as far as that listing for could not be determined,
17 if you could explain to the jury why it was that you have
18 that listed as a manner of death with relation to Mr.
19 O'Keefe?

20 A Again, the cause of death is something that I can
21 determine by the autopsy. I did the autopsy on Mr. O'Keefe
22 and determined that he had injuries to his head as well as
23 signs of hypothermia. So the combination of those two was
24 the cause of death. The manner of death has to do with the
25 circumstances under which Mr. O'Keefe sustained those

1 injuries, and I did not have enough information to be able
2 to determine whether those injuries were accidental or not,
3 and so my manner of death was undetermined or could not be
4 determined.

5 Q And just from the spectrum that you had just talked
6 about, sort of the five different manners of death, fair to
7 say did you not determine that this was either suicide or
8 natural causes, correct?

9 A Correct.

10 Q And so as far as your determination of manner of death
11 being could not be determined, which of the two were you
12 sort of in between?

13 A The two manners of death that remain are accident and
14 homicide.

15 MR. LALLY: Your Honor, may I approach?

16 THE COURT: Yes.

17 MR. LALLY: The Commonwealth would seek to introduce
18 and admit as the next exhibit.

19 MS. LITTLE: No objection.

20 THE COURT: Okay.

21 (Whereupon Exhibit No. 642, Death Certificate of John
22 O'Keefe, was marked as an exhibit.)

23 Q Now, Dr. Scordi-Bello, you had made reference as far as
24 cause of death being a blunt force injury; is that correct?

25 A Correct.

1 Q At least one of the contributing causes. If you could
2 explain to the jury sort of what you understand that to
3 mean as far as what is a blunt -- blunt force injury?

4 A Blunt force injuries are caused by any blunt object
5 that is very big category of objects. A microphone could be
6 a blunt object. This bottle, if heavy enough, could be a
7 blunt object. The ground can be a blunt object. So anything
8 that doesn't have a sharp edge or a razor edge, not a
9 knife, not a scalpel, is a blunt object.

10 Blunt impact injuries are categorized into contusions,
11 which are bruises, abrasions, which are scratches,
12 fractures, which are a break in the bone, and lacerations,
13 which are tears in the skin. So when we say blunt impact
14 injuries, we could be referring to any of those or a
15 combination of those four types, and all those are the
16 result of impact of the body with a blunt object.

17 Q Now, we'll get more into specifics in a moment, just in
18 general terms, as far as from your external examination of
19 Mr. O'Keefe's body, where -- whereabouts, sort of
20 geographically, on the body did you observe these blunt
21 force injuries?

22 A The majority of the blunt force injuries were to the
23 face and the head, as well as to the upper extremities, the
24 arms.

25 Q Now, starting with Mr. O'Keefe's head, what was it

1 specifically or where was it that you observed blunt force
2 injuries to Mr. O'Keefe's head?

3 A Okay. I observed a number of different injuries on Mr.
4 O'Keefe's death -- head. Starting with his eyes, he had
5 hemorrhage or bleeding on the upper eyelids of both eyes as
6 well as swelling of the eyes. He had a small laceration, a
7 small tear in the skin on the right eyelid, again,
8 associated with the bleeding. He had some abrasions.
9 Abrasions are superficial scratches on the skin on the left
10 side of his nose, I believe. And when I looked at the back
11 of Mr. O'Keefe's head, he had a laceration, that's a tear
12 in the skin, that was surrounded, or there was -- it was
13 associated with an abrasion, a scrape.

14 Q Now in terms of the extremities, and I'll start with
15 upper extremities, as far as his arms, what, if anything,
16 did you observe in regard to blunt impact injuries to his
17 arms?

18 A He had on the right upper extremity, he had a number of
19 somewhat linear, somewhat patterned abrasions, scrapes,
20 varying sizes ranging from small - 2 to 3 millimeters - to,
21 I believe, 5 or 6 centimeters, both on the upper arm and
22 part of his forearm.

23 He had some contusions or some bruising on the dorsal
24 aspect of the right hand that I measured and documented. He
25 had some other -- he had a very small abrasion, I believe,

1 on the lower extremities near the right knee, but I would
2 have to look at my notes to be absolutely sure.

3 THE COURT: You can go ahead and look at your notes
4 anytime you need to, Doctor.

5 THE WITNESS: I can go into my notes?

6 THE COURT: Yes.

7 A So as far as his extremities, I noted a 3 centimeter
8 superficial abrasion to his right medial upper arm. That
9 would be the medial aspect would be the inner aspect of the
10 right arm. I noted the abrasions on his posterior right arm
11 and forearm. Those ranged from 3 millimeters to up to 7
12 centimeters. I noted two red contusions on the dorsal
13 aspect of the right hand. Again, that's the back of the
14 hand. A faint abrasion, a faint scratch on the dorsal
15 aspect of the left hand, and a small, half a centimeter
16 abrasion on his right lateral knee on the side of his knee
17 -- on the right side. QNow, I think you've defined it
18 fairly well so far, but I'm just going to ask you this for
19 delineation purposes. If you could explain to the jury
20 sort of what is the difference between an abrasion versus a
21 contusion versus a laceration from a medical perspective?

22 A Okay. An abrasion is a scrape. It's a scrape of the
23 superficial layers of the skin. A contusion is a bruise.
24 So if I hit myself hard enough on my nightstand, I -- and I
25 break blood vessels and under the skin, then I can end up

1 with a bruise or a contusion.

2 A laceration is a tear, not necessarily a cut. There's
3 a distinction between a cut and a tear. A tear in the skin
4 is due to a blunt object, maybe the corner of the
5 nightstand that's sharp enough to tear my skin, but not so
6 sharp as a blade that would actually cut the skin smoothly.
7 So we differentiate between lacerations and cuts, because
8 cuts are due to sharp objects. Lacerations are due to
9 blunt objects, and fractures are basically a break in the
10 bone again due to blunt trauma.

11 Q Are you familiar with what is termed as an incised
12 wound?

13 A I'm sorry. I didn't hear you.

14 Q Incised? I-N-C-I --

15 A Incised, yes.

16 Q If you could explain the difference between sort of the
17 mechanism and sort of what you observe between a laceration
18 and an incised wound?

19 A So an incised wound is what I what I previously called
20 a cut. So the analogy I like to give is if you have a loaf
21 of bread and you're trying to cut the bread. If you take a
22 very good bread knife, sharp knife, you will be able to
23 smoothly cut the bread. If you take a hammer, which is a
24 blunt object, and you try to cut the bread, you're going to
25 shred it up. So a -- an incised wound, it's a -- it's a

1 smooth cut - knives, razors will cause incised wounds on
2 the skin. A blunt object will cause a laceration. It will
3 break the skin, and the edges will not be uniform, and
4 there might even be some bruising around it.

5 Q Now, with respect to the injuries that you talked about
6 as far as the abrasions on Mr. O'Keefe's right arm, how was
7 that located in reference to sort of the circumference of
8 the arm? And what I'm asking there is, was it on top, on
9 the bottom, or everywhere?

10 A I describe them as being on the posterior right arm and
11 forearm. So when we examine a body, we examine the body in
12 what's known as the anatomic position, which is the body on
13 the table with the palms upwards. And so the posterior
14 right arm and forearm would be what would be facing the
15 table as the body is laying on the table, the backside of
16 the arm and the forearm.

17 Q So the opposite of posterior would be what?

18 A Would be anterior and it would be this area right here
19 that cleans up.

20 Q And as far as --

21 A Or forward.

22 Q And as far as the anterior of Mr. O'Keefe's right arm,
23 what, if anything, did you observe as far as injuries
24 there? AI, again, I noted in my -- in my diagrams and my
25 charts that they were mostly on the posterior right arm and

1 forearm.

2 Q Now, Dr. Scordi-Bello, if I could turn your attention
3 to the internal examination as far as the injuries that you
4 observed there. What, if anything, did you observe during
5 the course of your internal examination of Mr. O'Keefe?

6 A Okay. The internal examination, I will start with the
7 head. Once the skull was open and the head was examined, I
8 noted that there were skull fractures in Mr. O'Keefe's
9 skull, both in the back and the front aspect of his skull.
10 I noted that there was recent subdural hemorrhage, that is
11 blood that is under the dura. And the dura is a very tough
12 protective cover that sits over the brain. I noted that
13 there was subarachnoid hemorrhage. That's hemorrhage that
14 is directly on top of the brain under the leptomeninges
15 which is a very thin membrane that covers the brain. And at
16 that point, I removed the brain, and I instead of examining
17 it right then and there, I saved it in a special solution,
18 and I sent it to our office in Boston for a
19 neuropathologist to fully examine.

20 Q And is it your understanding that a neuropathologist
21 ultimately conducted a fuller examination of Mr. O'Keefe's
22 brain?

23 A Yes.

24 Q And who was that neuropathologist within your office?

25 A Dr. Stonebridge.

1 Q Now with reference to the head, as far as the skull,
2 you indicated that there were fractures as in plural,
3 correct?

4 A Yes.

5 Q And with reference to the fractures there, what if any
6 relationship did you note between the fractures that you
7 observed and the laceration to the back of Mr. O'Keefe's
8 head that you spoke about in your external exam?

9 A So the laceration on the scalp that I observed was
10 overlying the area of the skull that appeared to be
11 fractured, or at least appeared that the fractures were
12 originating from that point of impact and extending into
13 the rest of the skull.

14 Q Now, what, if anything, as far as your observations of
15 the skull in that point and the -- I'm sorry. Which part
16 of the skull was the originating fracture?

17 A This would be the back of the skull, slightly right of
18 midline.

19 Q Is that the medical term that that's referred to as?

20 A I'm sorry?

21 Q Is there a medical term that that's referred to as far
22 as the right rear, sort of?

23 A It's the right occipital.

24 Q And what, if anything, led you to that opinion that
25 that was sort of the originating source of multiple

1 fractures in the skull that you observed?

2 A Again, observing or looking at the skull fractures and
3 their pattern, there appear to be a central point with
4 fractures radiating or originating from that central point
5 and going into other parts of the skull.

6 Q Now, in reference to that laceration in the area of the
7 originating fracture in the back of the skull, what, if
8 anything, did you determine in regard to impact in regard
9 to that area of the head?

10 A Well, the laceration, along with -- so the tear in the
11 skin along with the scrape, because they were adjacent, are
12 both evidence of blunt impact. So I knew at that point that
13 Mr. O'Keefe's head had come in contact with a blunt object.

14 Q And would that be sort of the point of impact between
15 the blunt object and Mr. O'Keefe's head?

16 A Right.

17 Q Now, with reference to the fractures that you would
18 observe, how extensive were the fractures that you
19 observed, the multiple ones?

20 A Well, there were multiple fractures. So by definition,
21 multiple fractures in multiple chambers or parts of the
22 skull. So I would say they were extensive.

23 MR. LALLY: May I have a moment, Your Honor?

24 THE COURT: Yes.

25 Q Now, when you're conducting this internal examination,

1 is there a sort of division of the body that you're doing
2 as far as what you're examining and in what order and sort
3 of things that you're looking at from the internal
4 examination?

5 A Well, we examine everything, and usually we start in
6 the external examination. We start from the head and work
7 our way down. During the internal examination, we're doing
8 two things at the same time sometimes. And so I start with
9 the chest, move to the abdomen, and then the pelvis, while
10 at the same time we're working on the head.

11 THE COURT: All right. I'm going to pause you there
12 for a minute. We're going to take a short recess, and we'll
13 be back.

14 Doctor, you can step down if you'd like, too. You don't
15 have to but you can step down if you want to, and I'd ask
16 that you just follow the jurors.

17 THE WITNESS: I'll hold this. Thank you.
18 (Jury out.)

19 THE COURT: I'll see counsel at sidebar.
20 (Sidebar commences:

21 THE COURT: **Court Order: Jurors or Juror Issue**

22 **[REDACTED]**
23 **[REDACTED]** So we'll take a five minute break.
24 How much longer do you think you have with this witness?
25 I'm not rushing.

1 MR. LALLY: No, no. Half-hour, 40 minutes. Somewhere
2 in there. How long do you think you might have?

3 MS. LITTLE: I would say a half-hour.

4 THE COURT: All right. So maybe we'll -

5 MR. YANETTI: Is it the Court's intention to hear the
6 required finding argument today or tomorrow.

7 THE COURT: We'll do that tomorrow morning, if the
8 Commonwealth rests. You're more optimistic than I am.

9 All right. Thank you. So we'll take a five or ten
10 minute break.

11 end of sidebar.)

12 (Jury out.)

13 (Court in recess.)

14

15

16 (Court in session.)

17 (Defendant is present with counsel.)

18 (Jury in.)

19 THE COURT: All right, Mr. Lally.

20 Q (By Mr. Lally) Now, Doctor, as far as the internal
21 examination was concerned with regard to Mr. O'Keefe,
22 starting with his stomach, what, if anything, did you
23 observe of any significance in that area?

24 A I observed that there were some small hemorrhages,
25 small areas of bleeding in Mr. O'Keefe's stomach.

1 Q And are those described in medical literature as a
2 specific type of spot?

3 A They are give -- they have a name. They're called
4 Wischnewski spots, W-I-S-C-H-N-E-W-S-K-I, and they have
5 been associated with cases of hypothermia.

6 Q And how so? How have they been associated with cases
7 of hyperthermia?

8 A They have been seen in cases of hypothermia. It's one
9 of the findings that supports the diagnosis of hypothermia.
10 They are not always there, and their presence doesn't
11 definitively diagnose hypothermia, but they are one of the
12 findings that, if present, suggest the diagnosis of
13 hypothermia.

14 Q And based on your training and experience and based on
15 other types of literature that you've reviewed in regard to
16 hypothermia, what is as far as these Wischnewski spots --
17 and thank you very much for saving me for saying that until
18 after you had said it -- with regard to that, what if
19 anything, does it say as far as the causality of that, or
20 how that occurs or is related to hypothermia?

21 A We don't really know the pathophysiology of these
22 spots. There have been various hypotheses. There -- people
23 have suggested that they are a response to stress. Some
24 people have suggested that hypothermia increases secretion
25 of acid in the stomach, and that leads to these spots, but

1 their exact pathophysiology is still under investigation.

2 Q Now, in addition to these areas of small hemorrhage in
3 Mr. O'Keefe's stomach, what, if anything, did you observe
4 in the pancreas?

5 A In the pancreas, I again observed some more diffuse
6 hemorrhage of the pancreas and the tissues around it.

7 Q And same question with regard to the spots and
8 hemorrhages you observed in the stomach, what if any
9 relationship do the hemorrhages or the bleeding in the
10 pancreas have in relation to hypothermia?

11 A Again, it's one of the findings that if present should
12 alert the medical examiner to consider the possibility of
13 hypothermia.

14 Q And as far as the observations that you made as far as
15 the hemorrhages in the stomach area of Mr. O'Keefe and the
16 hemorrhages in the pancreatic area of Mr. O'Keefe, the sort
17 of juxtaposition of those, what if any significance did
18 that have in regard to your hypothermic diagnosis?

19 A When the case was called into our office and when we
20 accepted the case, it was -- it was reported to us that
21 this was an individual that was found in the snow, covered
22 with snow, and it appeared that he may have been there for
23 a period of time. So one of the questions for me as a
24 medical examiner is to determine whether there are any
25 signs of hypothermia, in addition to what I had already

1 observed, which was the blunt impact injuries, and the
2 combination of the gastric, the stomach, and the pancreatic
3 hemorrhages strongly suggested, given the circumstances and
4 how the body was found, that hypothermia did, in fact, play
5 a role in his death.

6 Q Now, I probably should have asked this first as a
7 precursor, but when you use the term hypothermia, what do
8 you understand -- what does hypothermia mean from a medical
9 diagnostic?

10 A Hypothermia is a term used to describe low body
11 temperature - by definition 35 degrees centigrade or below,
12 and there are levels of hypothermia from mild hypothermia
13 to severe hypothermia. It just basically means the body is
14 losing heat faster than it can generate it.

15 Q And typically what would be the sort of core body
16 temperature that would determine someone as hypothermic
17 versus not?

18 A We're usually at 98 degrees or 37 degrees centigrade,
19 so anything higher than that is considered a fever or
20 hyperthermia. Anything lower, lower than 35 degrees
21 centigrade or 95 degrees Fahrenheit, is considered
22 hypothermia.

23 Q Now, if you could explain to the jury sort of a little
24 bit about the type of diagnosis that is involved in
25 hypothermia, and sort of what other sort of types of

1 information you would be looking at in order to make that
2 diagnosis?

3 A Hypothermia is a difficult diagnosis to make and
4 sometimes it's a diagnosis of exclusion. Meaning that all
5 other possible causes of death have been ruled out, and
6 you're left with hypothermia. So a body that is found in
7 the snow or in a cold environment and has a core body
8 temperature of 85 degrees and is unresponsive or asystolic,
9 meaning that there is no heart activity, could be a
10 hypothermic death or it could not be a hypothermic death,
11 and it's up to us to determine, by doing the autopsy, what
12 other factors are at play. So the example I like to give
13 is a person with severe coronary artery disease goes out to
14 shovel their driveway, suffers a heart attack, and drops to
15 the ground and is dead within seconds, and no one discovers
16 their body for a few hours during the storm. When they're
17 found, their asystolic -- their core body temperature is 80
18 degrees. But the autopsy shows another reason for their
19 death. It shows a massive heart attack which is what killed
20 them. They just happened to be outside after they died and
21 they lost heat and their body temperature dropped. It
22 doesn't mean they died from hypothermia.

23 However, if you take a person, an elderly person, or
24 any person, an intoxicated person, a person who is
25 intoxicated with drugs, that goes out into bad weather,

1 gets confused, loses their direction, doesn't -- isn't able
2 to get to shelter and they die, their body temperature
3 starts to drop. They get more disoriented. They get more
4 confused. You know, their organ systems start to shut down,
5 and eventually they die from hypothermia. So that person
6 will also be found in the snow with a core body temperature
7 of 80, 85 degrees. But when we do the autopsy, if we see
8 those gastric hemorrhages, if we see that bleeding in the
9 stomach, if we see the bleeding in the pancreas, if we look
10 at their toxicology and we see that they were intoxicated
11 with multiple substances, then we can determine, or we can
12 opine, that the cause of death was at least partly due to
13 the hypothermia because they were still alive when they
14 started losing heat, as opposed to someone who had the
15 heart attack and was already dead when they started losing
16 heat from the body.

17 Q Doctor, when coming to your opinion in relation to the
18 cause of death of Mr. O'Keefe, in addition to your autopsy,
19 your internal, your external examination, what if any other
20 materials were you provided, and what if any other
21 materials did you review in relation?

22 A I was provided with a police report and an
23 investigative report. I was provided with some of his prior
24 medical records. I was provided with records from the
25 hospital where he was first taken by emergency medical

1 personnel. And during the course of the autopsy, of course,
2 I forgot, I didn't mention this, we also, during the
3 autopsy, collect fluids from the body that are sent to the
4 lab for toxicologic analysis. And after a few weeks after
5 the autopsy, we get a report from the toxicology lab. And
6 in this case, I looked at the toxicology report, as I
7 mentioned, all the information from the investigators, the
8 autopsy findings, the neuropathology findings, and came to
9 conclusion as to the cause.

10 Q Now, as part of the documentation that you received
11 from the investigators, did that include photographs of the
12 scene as well?

13 A Yes, it did, some photographs.

14 Q Turning back to the toxicological findings that you
15 received, what if any indication did those findings have,
16 or did they indicate, in regard to blood alcohol
17 concentration with regard to Mr. O'Keefe?

18 A Mr. O'Keefe had alcohol in his system, and I do believe
19 -- I don't have the toxicology in front of me, but in his
20 blood at the time of autopsy, the level was .21 grams per
21 deciliter.

22 Q Now, contained within those toxicology findings there's
23 also something listed as a vitreous humor; is that correct?

24 A Yes.

25 Q And can you explain to the jury sort of what that is,

1 where that sample is taken from and why it is?

2 A Yeah, that sample, the vitreous humor, is taken from
3 the back chamber of the eye. It's one of the routine
4 samples that we take in addition to blood from the body and
5 urine, and it's again used to look for the presence of
6 different drugs. In cases of alcohol intoxication,
7 sometimes we will get a value for the vitreous and
8 sometimes that value might not be exactly the same as the
9 value that we get for the blood. It gives us an idea of
10 where in the curve of alcohol metabolism, you know, the
11 individual is.

12 Q And so based on sort of the disparity between the
13 vitreous humor level and the -- I'm sorry I may not have
14 asked. What was the level in the vitreous humor?

15 A I believe it was higher point -- I'm sorry. I just
16 have to find it. It was .26. I'm sorry. I can't find it
17 in this notes. I don't know if you have the --

18 MR. LALLY: Your Honor, may I approach?

19 THE COURT: Yes.

20 Q Showing you a copy of the toxicology report?

21 A Yes, it was 0.28.

22 Q Now, Doctor, with respect to the disparity between what
23 was contained as a BAC in vitreous humor versus the other
24 number from his blood, what, if anything, does that
25 indicate to you as far or what if anything did you take

1 from??

2 A That suggests that the level in Mr. O'Keefe's blood had
3 been higher than .21, and that's reflected by the .28 that
4 was in the vitreous. The vitreous metabolism of alcohol
5 lags. It's a little slower, lags behind that of the -- of
6 the blood and the circulation. The alcohol is metabolized
7 in the liver. But the fact that it is higher in the
8 vitreous suggests that the level in the blood was also
9 higher at some point prior.

10 Q So at some point, whenever Mr. O'Keefe died, his level
11 of alcohol was on the decrease; is that fair to say?

12 A Correct.

13 Q Now, with respect to you mentioned that you have
14 reviewed the EMS reports of Mr. O'Keefe as well as his
15 medical records from Good Samaritan; is that correct?

16 A Correct.

17 Q And if you could just briefly for the jury explain your
18 understanding as far as some of the terms within those
19 medical records. Are you familiar with your review of Mr.
20 O'Keefe's medical records that he was labeled as being in
21 cardiac arrest?

22 A Yes.

23 Q And can you explain to the jury what means?

24 A Yes, he was labeled as asystolic, or in asystole, which
25 is basically a flat line. So if you attach leads to the

1 body, there is no electrical activity coming from the
2 heart.

3 Q Now, with respect to Mr. O'Keefe, as far as certain
4 vital signs were taken in the course of his treatment at
5 the Good Samaritan; is that correct?

6 A Yes.

7 Q Including a core temperature; is that correct?

8 A Yes.

9 Q Do you recall what that core temperature was?

10 A Yes, it was noted as 80.1.

11 Q And that was a temperature reading that was taken at
12 7:19 a.m.; is that correct?

13 A It was taken, actually, this temperature reading in the
14 records that I'm looking at was taken at 6:57 a.m.

15 Q And with respect to that 80.1 degree temperature that's
16 in Fahrenheit; is that correct?

17 A Yes.

18 Q And so what if any relationship does that have, or what
19 if any relationship does that have to your hypothermic
20 diagnosis?

21 A Well, that is the temperature -- at this point, Mr.
22 O'Keefe is asystolic, meaning he has no cardiac activity.
23 That is the temperature of his body at the time that he was
24 taken to -- that he was examined by EMS and taken to the
25 hospital. So it is a very hypothermic temperature. It is

1 well below the 95 degrees, which we consider hypothermia.

2 Q Now, I believe you alluded to it earlier in your
3 testimony, but with respect to hypothermia, what are some
4 of the manifestations of that type of onset as it
5 progresses?

6 A Well, the first evidence of hypothermia, which we have
7 no problem in this room, is shivering. When someone starts
8 to get cold, they start to shiver to conserve heat. Then as
9 the body loses more and more heat, there are neurologic
10 consequences. People can get confused. We see this in the
11 elderly all the time. They can get disoriented, and
12 eventually at very low temperatures, you know, below 90
13 degrees, everything ceases to function. The heart stops.

14 Q And would physical weakness be or lack of strength be
15 one of those manifestations as well?

16 A Yes.

17 Q And how many different sort of stages of hypothermia
18 are there from the beginning of or onset of progression to
19 the end?

20 A There is mild hypothermia to extreme severe
21 hypothermia.

22 MR. LALLY: If may I have a moment, Your Honor.

23 THE COURT: Yes.

24 Q Now, with regards as far as the type of clothing that
25 someone is wearing when they're outside in these types of

1 conditions, what if any relationship would that have with
2 regard to the quickness or the rapidity of the onset of
3 hypothermia?

4 A Clearly, the more layers someone has, the slower they
5 will lose heat from their body. The fewer layers, the
6 faster they can become hypothermic.

7 Q What if any information did you have as far as how Mr.
8 O'Keefe was dressed when he was found in the snow on the
9 morning of 29th?

10 A The information that I was given stated that he was
11 wearing a pair of jeans and a long sleeve shirt.

12 Q Now, with respect to someone as far as that hypothermia
13 onset and rapidity of it, what if any relationship with the
14 condition of the clothing -- what I'm asking there is more
15 sort of the dryness versus wet clothing, what if any
16 relationship would that have?

17 A Again, wet clothing or wet conditions will speed up the
18 rate at which the body loses heat.

19 Q Now, lastly with regard to this area, Doctor, in regard
20 to Mr. O'Keefe having sort of alcohol on board in his
21 system at the time that hypothermia onsets, what if any
22 relationship does that have in respect to the onset of
23 hypothermia and the rapidity of that?

24 A Alcohol intoxication, it has been shown to inhibit some
25 of the mechanisms that the body uses to maintain heat. So

1 it's definitely a factor that is a negative factor when it
2 comes to hypothermia.

3 MR. LALLY: Your Honor, may I approach?

4 THE COURT: Yes.

5 Q So, Doctor, I'm showing you a single-paged document.
6 If you could just review that, and look up when you're
7 finished.

8 A (Witness complies.) Yes.

9 Q And do you recognize that, Doctor?

10 A I do. It is a photocopy of the exam notes that I took
11 at the time of autopsy.

12 Q Does that also contain a body diagram with relation to
13 your notes as far as where you observed injuries on Mr.
14 O'Keefe?

15 A Yes.

16 MR. LALLY: Your Honor, may I approach?

17 THE COURT: Yes.

18 MR. LALLY: Commonwealth would seek to introduce it as
19 the next exhibit.

20 MS. LITTLE: No objection.

21 THE COURT: Thank you.

22 (Whereupon Exhibit No. 643, Diagram of Injuries on Body
23 from Medical Examiner, was marked as an exhibit.)

24 MR. LALLY: And, Your Honor, with the Court's
25 permission, if we could publish that to the jury at this

1 time.

2 THE COURT: Okay.

3 Q Doctor, there should be somewhere before you on the
4 desk over there a laser pointer.

5 MR. LALLY: Ms. Gilman, if you could mark that just a
6 bit, if you could focus in towards the top of the head.

7 Q Now, Dr. Scordi-Bello, what's up on the screen, is that
8 what you have before you as the next exhibit?

9 A Yes.

10 Q And on this as far as the examination that you
11 conducted, that also included certain measurements, as far
12 as height, weight, things like that, that you did with
13 regard to Mr. O'Keefe's body, correct?

14 A Correct.

15 Q And if you could, what did you record as your
16 measurements for both height and the weight of Mr. O'Keefe?

17 A He was weighed by our staff as 216 pounds and measuring
18 73 inches, which is 6 feet 1 inch.

19 Q Now, Doctor, if you could using the laser pointer
20 before you, direct the jury's attention to starting with
21 the front or the facial area and then to the back of the
22 head, but just with reference to the head area, directing
23 their attention to, what, if anything, you observed in the
24 area of the head of Mr. O'Keefe?

25 A In terms of injuries?

1 Q Yes.

2 A Would you like me to point out the injuries? So as I
3 mentioned, there were ecchymosis. That's another word for
4 collection of blood under the upper eyelids on Mr. O'Keefe.
5 the ecchymosis on the right eyelid was also associated with
6 a very small laceration. Then there was an abrasion on the
7 left side of the nose, and then on the back of the head
8 there was a 3 centimeter laceration. So this is the right
9 side. It would be towards, you know, the back lower side on
10 the right side of the head.

11 Q And that laceration on the black(sic) lower side or
12 right side of the head, is that in the same area that you
13 observed what you described as sort of the originating
14 skull fracture?

15 A Yes, when the -- when the scalp was reflected, there
16 was bleeding under the scalp in that particular area, and
17 then when the skull was opened, that's the area that
18 appeared fractured and appeared to have other fractures
19 originating or radiating from it.

20 MR. LALLY: Ms. Gilman, if you wouldn't mind scrolling
21 down to sort of the middle of the torso.

22 Q And, Dr. Scordi-Bello, if you could again using the
23 laser pointer just direct jury's attention to what if any
24 injuries you noted in this sort of middle torso or upper
25 extremity portion of this photo?

1 A So on the right upper extremity, and, again, this is
2 the back of the body. We have this collection of linear
3 abrasions. I think the battery is dead. That measured up
4 to 7 centimeters and extended from the upper arm down to
5 the middle of the forearm.

6 Q If I could interrupt you for one second. May I switch
7 with you?

8 A Thanks. This would be the abrasions.

9 MR. LALLY: And, Ms. Gilman, if I could ask you to
10 scroll down for the lower extremities.

11 Q Again, Dr. Scordi-Bello, if you could again using the
12 laser pointer direct the jury's attention to what, if any,
13 injuries you observed on the lower extremities in regards
14 to Mr. O'Keefe?

15 A The lower extremities, didn't have a lot of injuries.
16 There was a small abrasion on his right knee area on the
17 side. And if you don't mind pushing the diagram just a
18 little bit more up to see the hands?

19 There were some contusions or some bruises on the
20 dorsal aspects of the right hand and some very faint bruise
21 on the left.

22 MR. LALLY: Ms. Gilman, you can take that down.

23 Your Honor, may I approach again?

24 THE COURT: Yes.

25 Q Doctor, if I could show you what's a two page document.

1 Ask you to just review that and look up when you're
2 finished.

3 A (Witness complies.) Yes.

4 Q And do you recognize what that is?

5 A I do.

6 Q And what do you recognize that to be?

7 A These are copies of diagrams that I used at the time of
8 autopsy to document some of the injuries on the face and
9 the skull.

10 MR. LALLY: May I approach again, Your Honor?

11 THE COURT: Yes.

12 MR. LALLY: Commonwealth would seek to introduce and
13 admit as the next exhibit.

14 THE COURT: Any objection?

15 MS. LITTLE: No objection.

16 THE COURT: Thank you.

17 (Whereupon Exhibit No. 644, Diagram of Injuries on Head
18 from Medical Examiner, was marked as an exhibit.)

19 MR. LALLY: And, Your Honor, may I return that to the
20 witness?

21 THE COURT: Yes.

22 MR. LALLY: With the Court's permission, if we could
23 publish that for the jury.

24 THE COURT: Okay.

25 MR. LALLY: May I have moment, Your Honor?

1 THE COURT: Yep.

2 Q Dr. Scordi-Bello, do you recognize what's depicted up
3 on the screen as the next exhibit before you?

4 A Yes.

5 Q And if you could, again, using the laser pointer,
6 direct the jury's attention to what, if anything, you
7 observed or noted of significance in these particular
8 diagrams?

9 A So the upper eyelids, the areas of the upper eyelids on
10 both sides had ecchymosis or blood under them. On the right
11 side, there was a very small laceration or a small tear
12 associated with that. Both eyes had some swelling to them,
13 and then on the nose there were two abrasions, two scrapes.
14 One was small, .5 centimeters. The other one was 1
15 centimeter and it was linear, and I noted them right there.

16 MR. LALLY: Ms. Gilman, if you could scroll down a bit.

17 Q And again from the bottom right diagram before you,
18 Doctor, if you could using the (indiscernible) direct the
19 jurors' attention to what if any injuries or significance
20 you noted in that portion of that diagram?

21 A This is the area where I noted the laceration to the
22 scalp. I noted something called tissue bridging, which is a
23 morphologic feature of the laceration is what makes it
24 different from an incised wound or from a cut because
25 again, the skin is crushed, and now it's more irregular.

1 The edges are more irregular. And then above that
2 laceration, I noted that there was a scrape as well
3 associated with it. So that was one injury.

4 MR. LALLY: And, Ms. Gilman, if I could have the next
5 page of that.

6 Q Doctor if I direct you to the next page of that exhibit
7 before you.

8 MR. LALLY: And, Ms. Gillman, if you could
9 (indiscernible) top left diagram?

10 A Yes.

11 Q Now, Doctor, before we get into a diagram that's up on
12 the screen, if I could ask just a bit more if you could
13 expound upon when you use the term ecchymosis, what exactly
14 does that mean in specific reference to the area of the
15 eyes?

16 A Ecchymosis are a word that we use to describe bruising,
17 orbital ecchymosis or periorbital ecchymosis, or
18 supraorbital ecchymosis, just referred to the location of
19 the bleeding in relation to the eye. And when we see
20 ecchymosis or bleeding around the eyes, one of the
21 differential diagnoses, one of the etiologies, is blunt
22 trauma to the head, and specifically, fractures to what is
23 known as the base of the skull. And this what you're seeing
24 here is the base of the skull.

25 Q Now, Doctor, if you could using that diagram up on the

1 screen, explain to the jury -- well, let me ask first.

2 Were you able to formulate an opinion to a reasonable
3 degree of medical certainty as to how the injuries within
4 the skull and the brain sort of interacted with each other,
5 in particular, interacted also with the ecchymosis that you
6 described in the orbital region?

7 A So the injuries inside the skull, this is the base of
8 the skull. This is -- think of it as the tray where the
9 brain would be sitting on top. The brain has been removed,
10 and now we're looking at the bones. Right here is where I
11 noted the skull -- one of the skull fractures to be
12 originating or starting with fractures. These are linear
13 fractures that are extending or radiating from this one
14 point of impact. This is known as the posterior fossa of
15 the base. These two chambers are known as the middle
16 cranial fossa and this area is known as the anterior
17 cranial fossa.

18 As you look at this, the eyes would be sitting back
19 here. So the eyes are actually very intimately associated
20 with the anterior cranial fossa, which is very thin, and
21 the bones are quite thin and friable. So an impact to the
22 back of the head as was in this case because we do have a
23 laceration and we do have an abrasion, so we know that the
24 head impacted something blunt with enough force to break
25 the skull, and enough force for those fractures to

1 propagate or radiate into the middle cranial fossa and also
2 the anterior cranial fossa, which is the front chambers of
3 the base.

4 When the anterior cranial fossa are fractured, as I
5 mentioned, they are very thin bones, blood can seep from
6 this area into the soft tissues and manifest as hemorrhage
7 or bleeding or a contusion or an ecchymosis around the eye
8 when you look at the person face -- when you look at their
9 face. So it is a well-known fact that fractures to the base
10 of the skull can present with orbital ecchymosis and that
11 particular manifestation has a name. It's called raccoon
12 eye because it resembles, I guess, what raccoon eyes look
13 like. But emergency room physicians are always very alerted
14 to any hemorrhage and any bleeding around the eyes, because
15 it could signify or it could mean that there's a much
16 bigger injury inside the skull, and that that is not just
17 some bleeding around the eyes, that it actually is
18 associated with a skull fracture.

19 Q So the ecchymosis itself, as far as the sort of
20 drainage or seepage of blood that's coming into, that's
21 what causes the eyes to sort of swell up; is that correct?

22 A Correct.

23 Q And, Doctor, if I could ask you with reference to -- if
24 you could illustrate with the laser pointer on the diagram
25 up on the screen, as far as the subarachnoid hemorrhage,

1 subdural hematoma, as far as the bleeding within the brain,
2 what, if any, impact that has on the skull as far as the
3 fractures are concerned or the building up of pressure
4 itself?

5 A Subarachnoid hemorrhage is a thin layer of hemorrhage
6 on top of the brain - directly on top of the brain, under
7 the leptomeninges. The main effect, or I guess one of the
8 effects, the subarachnoid hemorrhage has, is that it is
9 very irritating to the brain and can lead to seizures.

10 Subdural hemorrhage is hemorrhage that is due to veins
11 in the dura, that very tough protective cover on top of the
12 brain that are broken and leak blood into the space between
13 the dura and the brain. That kind of injury, given enough
14 time, you can have accumulation of the blood, and you can
15 cause significant shift in to the brain. That's not
16 something that we had here. Here we had some subdural
17 hemorrhage, but not enough that it was what we call space
18 occupying, but it was present. So it was due to bridging
19 veins in the dura being injured from the trauma from the
20 fractures.

21 And in terms of the effect that all these injuries have
22 - the subdural and the subarachnoid and the skull fractures
23 - anytime the brain is injured, it responds by swelling.
24 And the skull is a closed space without the ability to
25 expand, unlike the skin, where you can have a bruise or a

1 significant amount of blood accumulate under the skin. In
2 the skull, once the brain starts to react to the injury and
3 it starts to swell, there's nowhere to go except for down,
4 and that's the foramen magnum, that is the area where the
5 brain stem and the spinal cord will run. You know, spinal
6 cord connects, obviously, the brain to the rest of the
7 body, and this is one of the few spaces that the brain can
8 try and squeeze into because he has nowhere else to go. So
9 herniation, brain swelling and herniation, are a general
10 response that the brain has to any sort of trauma.

11 MR. LALLY: And, Ms. Gilman, thank you very much. You
12 can take that down and put the lights back on.

13 Your Honor, may I approach just to retrieve?

14 THE COURT: Yes.

15 Q Now, Doctor, with respect to the head injury,
16 specifically the fracture, what, if any, opinion can you
17 give or can you say in regard to the type of force or
18 amount of force necessary to cause the fracture to the
19 skull that you observed with regard to Mr. O'Keefe?

20 A I can't really give you a number. I'm not a physicist.
21 I can tell you that the skull is a pretty thick bone. It
22 takes considerable amount of force to fracture the skull,
23 so that was a pretty considerable impact.

24 Q Now, with respect to the injuries to Mr. O'Keefe's head
25 and the onset of hypothermia, what if any opinion do you

1 have with regard to that timing of those respective to each
2 other?

3 A Well, I do believe the injuries, the blunt impact
4 injuries were sustained first. These are not injuries that
5 are immediately lethal. This is not something that would
6 cause death in seconds. And therefore, Mr. O'Keefe may have
7 been incapacitated by the injuries or knocked out, if you
8 will, and was not able to get himself into a warmer
9 environment, and therefore, hypothermia set in, given the
10 environmental conditions and given the clothing on the
11 body, or the lack of clothing, I should say - no big jacket
12 or anything like that.

13 Q Now, when you say something as far as some type of
14 injury being immediately lethal, can you give an example of
15 that?

16 A The one that forensic pathologists like to use is a
17 gunshot wound to the head that goes from one side to the
18 other disrupting the neural systems of the brain and
19 causing the person to immediately drop and die within
20 seconds or milliseconds. This is not that kind of injury.
21 This is an injury that took a little bit of time to develop
22 as is manifested by the fact that we have some bleeding,
23 which means that the heart is still pumping and blood is
24 still coming out of the vessels.

25 Q And so I guess, to that point, as far as what was it

1 from your examination and your findings and your review of
2 sort of the overall materials that leads you to believe
3 that the head injuries happened prior to hypothermia
4 setting in?

5 A Again, the findings of hypothermia, the blunt impact
6 injuries, if someone is -- it's not completely out of the
7 realm of possibility that someone becomes hypothermic and
8 then falls as a result, but that the hypothermia would
9 continue along with, you know, the brain injuries that took
10 some time to develop. So in my opinion, I believe the
11 impact, the injury to the head, came first. Mr. O'Keefe
12 was most likely incapacitated or unable to move into a
13 warmer environment and then the hypothermia set in.

14 Q And if you can what, if anything, can you say as to the
15 sort of in contrast to sort of the bullet to the head or
16 the instantaneous death, what, if anything, can you say as
17 to the time that this would take to manifest itself as far
18 as the injury to the head and the hypothermic state?

19 A Again, I can't give you specifics. I would say this was
20 definitely in the matter of minutes, many minutes, or
21 hours.

22 MR. LALLY: If I may have a moment, Your Honor.

23 THE COURT: Yes.

24 Q Now, Doctor, you had mentioned that at some point you
25 had reviewed some photographs from the scene where Mr.

1 O'Keefe's body was recovered; is that correct?

2 A Yes, I was shown some photographs.

3 Q And from the photographs that you were shown, what, if
4 anything, of significance, did you observe or lack thereof
5 in the area where Mr. O'Keefe's body was recovered?

6 A Well, based on those photographs, limited number of
7 photographs that I saw and I was shown, there didn't appear
8 to be a lot of disruption around the area where I was told
9 that Mr. O'Keefe's body was found.

10 Q And that lack of sort of disruption in the snow around
11 where Mr. O'Keefe's body was found, what if any
12 significance would that have for you as far as from a
13 diagnostic perspective?

14 A Well, it suggests that he really didn't travel a very
15 long distance once the injury was inflicted.

16 Q And as far as anything related to footprints, drag
17 marks, anything like that, did you observe anything like
18 that in that area?

19 A On the pictures that I saw, no.

20 Q Now, from your extent of your examination of Mr.
21 O'Keefe's body, what, if anything, that you -- did you
22 observe that would indicate any sort of altercation or a
23 fight or anything like that Mr. O'Keefe was in?

24 A I didn't see any signs, major signs, of what I would
25 call a significant altercation.

1 Q And with regard to that as far as signs, what are some
2 of the signs and what would you be expecting to see and
3 what was lacking as far as your observations of Mr.
4 O'Keefe?

5 A I looked at Mr. O'Keefe's hands. As you saw in the
6 diagrams, I did document that there were some contusions on
7 the dorsal aspect, very vague and faint contusion on the
8 left, and contusion on the right hand. That particular
9 contusion has a central little pinpoint mark that may
10 suggest that it was due to attempts to get IV access on his
11 hand. That's very commonplace. But I didn't see any
12 bruising on Mr. O'Keefe's knuckles. His nails were intact.
13 I didn't see any breaks on his nails, and I didn't see any
14 fractures or feel any fractures on any of his hands.

15 Q Now, with respect to the diagrams that were up on the
16 screen before, as well as your observations from internal
17 examination, you observed some fractures to Mr. O'Keefe's
18 ribs; is that correct?

19 A Yes, he did have some fractures I believe to the fourth
20 and fifth ribs near the sternum. It's a very common
21 location for CPR associated fractures.

22 Q And so I believe you just alluded to it right there,
23 but as far as any fractures to Mr. O'Keefe's ribs, what if
24 any opinion do you have as to the origin -- origination or
25 causality of those rib fractures?

1 A As I mentioned, those are very consistent with
2 resuscitation. We see those quite often given the history
3 that I was provided that extensive resuscitation was
4 attempted. I documented those as most likely due to
5 resuscitation.

6 Q Now, Doctor, with regard to the -- just by way of
7 contrast, you talked a bit about the significant impact or
8 the thickness of the skull. How does that relate to the
9 area of the ribs that you're talking about as far as can be
10 fractured in resuscitated efforts?

11 A Well -- I don't understand the question.

12 Q Let me rephrase. What is the difference sort of
13 between thickness of the bone and the skull versus the
14 thickness of the bone and the ribs?

15 A The skull in general is a thicker bone. It requires
16 more force.

17 Q Now, Doctor, if I could, are you familiar with a
18 medical term known as vasodilation?

19 A Yes.

20 Q And can you explain what that term is and how it
21 relates to Mr. O'Keefe's condition?

22 A I can explain what the term is. Vasodilation means
23 opening up. Vaso refers to blood vessel. So vasodilation is
24 the opening up of blood vessels to bring more blood to the
25 extremities or any part of the body.

1 Q And again, that's a bit of an unfair question as me as
2 far as relations, but -- so how does that manifest itself
3 as far as someone who's in colder conditions, or has that
4 sort of onset of hypothermia, what if any relation does the
5 vasodilation have to that?

6 A You can see vasodilation. You can see vasoconstriction
7 and vasodilation in hypothermia. Initially, the blood
8 vessels will constrict in an attempt to reduce blood flow
9 to the extremities so there's no heat loss. Anyone who has
10 Raynaud's knows what that feels like. Then ultimately, the
11 blood vessels will dilate bringing more blood to the
12 extremities. Again, the normal regulatory mechanisms that
13 the brain has to maintain our body temperature are
14 disrupted when you get into those very low temperatures,
15 and therefore, sometimes in hypothermia, you can see very,
16 very red extremities due to vasodilation.

17 Q And with regard to the redness due to vasodilation, is
18 there also a whiteness sort of discoloration to the
19 extremities that can be observed in hypothermic patients as
20 well?

21 A That's been described as well. Yes.

22 Q Now, with reference to when you make your observations
23 of Mr. O'Keefe, why is it that -- well, let me ask you
24 this. You didn't see any signs of vasodilation or white
25 fingertips or anything like that; is that correct?

1 A Correct. I rarely see signs of vasodilation,
2 especially if someone has died in the hospital.

3 Q And can you explain to the jury, sort of why that is?

4 A So for two reasons. In this particular reason, Mr.
5 O'Keefe was taken to the hospital and attempts were made at
6 rewarming the body. So he was given warm intravenous
7 fluids, and attempts were made to bring the body
8 temperature up with the hope that the heart would start
9 working once that happened.

10 Also, I did not physically see the body until Monday
11 morning, and therefore, I can't really comment on
12 vasodilation on any effects that hypothermia may or may not
13 have had acutely on the body, because I'm seeing the body
14 hours after death and already the body has been transferred
15 from the scene to the hospital, stored at the hospital, and
16 then transferred from the hospital to our facility. So
17 there's just too much time between when the body was
18 discovered to when I looked at the body to make any
19 reasonable comments on whether there was vasodilation or
20 not.

21 MR. LALLY: May I approach, Your Honor?

22 THE COURT: Yes.

23 Q Doctor, I'm showing you a series of five photographs.
24 I'd ask you to review those and look up when you're
25 finished.

1 A (Witness complies.)

2 THE COURT: I'm actually going to see counsel at
3 sidebar for a minute, please.

4 (Sidebar commences:

5 THE COURT: So it's 4:15. We've got a series of five
6 photographs.

7 MR. LALLY: I was actually going to ask if it makes
8 sense to display these. It's --

9 THE COURT: You won't finish in five minutes, right?

10 MR. LALLY: No.

11 THE COURT: All right. So it seems like it's a good
12 place -- I was not going to (indiscernible) so it seems
13 like a good place to stop. I'm looking at the photos. So
14 these are the groups of photographs that I don't
15 necessarily think should be thrown right up on the screen,
16 and we'll send the jurors home. Does it make sense to
17 break now?

18 MR. LALLY: I'm fine with that.

19 MS. LITTLE: I'm fine with that.

20 end of sidebar.)

21 THE COURT: Before we get into this next area and
22 having looked at the photographs, it makes sense that we
23 break for today and we'll start fresh with us tomorrow,
24 rather than showing these to folks now. So thank you. So we
25 are going to end for today. We are on track. Maybe we are

1 definitely on track for finishing this case next week,
2 probably because of staying all day tomorrow and some of
3 the work we did today and on Tuesday.

4 Please follow the three instructions. Do not discuss
5 this case with anyone. Don't do any independent research or
6 investigation into the case. If you happen to see, hear, or
7 read anything about the case, please disregard it. Let us
8 know. We'll see you tomorrow morning.

9 (Jury out.)

10 THE COURT: And, Doctor, you can file out right out
11 after.

12 (Witness exits.)

13 THE COURT: Thank you. It does seem like the
14 appropriate place to stop. Does anybody -

15 THE COURT OFFICER: Quiet, folks.

16 THE COURT: So we're still in session. Does anybody
17 need me for anything now?

18 MR. LALLY: If we could just approach briefly just
19 regarding scheduling, Your Honor.

20 THE COURT: Yep.

21 (Sidebar commences:

22 MR. LALLY: Your Honor, I'm sorry. Just if I could
23 inquire of counsel just as far as now that we're
24 anticipated on going a full day tomorrow, what --

25 THE COURT: Let me just ask you, Dr. Scordi-Bello is

1 your last witness, right?

2 MR. LALLY: Yes.

3 THE COURT: All right. So how much longer do you have?
4 Your estimate of half hour, forty-five minutes was way off.

5 MR. LALLY: It was and I apologize.

6 THE COURT: That's okay. But how much time -- how much
7 more time --

8 MR. LALLY: I would say covering the photos 20, 25
9 minutes. I don't think there's much left.

10 THE COURT: All right. So that's a half an hour, 45
11 minutes, an hour. How much time -- do you need an hour,
12 Ms. Little?

13 MS. LITTLE: I'd say 30 to 45 minutes.

14 THE COURT: All right. So that takes us to probably.
15 And then who are your witnesses for tomorrow? Is it Mr.
16 Green?

17 MR. JACKSON: It is. We'll start with Mr. Loughran,
18 then go to Mr. Green. I just made, while I was a counsel
19 table, I was able to make flight arrangements for Dr.
20 Russell.

21 THE COURT: You don't have anyone in your office that
22 could do that for you?

23 MR. JACKSON: Wouldn't that be nice?

24 THE COURT: I did not see that. If I didn't see that,
25 I don't think the jurors did.

1 MR. JACKSON: I was undercover. So those are the three
2 witnesses we have. The only other thing procedurally that
3 we have is I need ten minutes of the Court's time to make a
4 motion that we need to make statutorily, and that's it. So
5 in that order: Loughran, Green, and Russell.

6 THE COURT: So how long is Loughran? I'm just figuring
7 out mid-morning break.

8 MR. YANETTI: He's my witness. I can't imagine with
9 direct and cross he'll be longer than an hour.

10 THE COURT: Okay. And how long is Dr. Green.

11 MR. YANETTI: That's mine as well. I mean, I don't
12 know how lengthy the cross will be. Maybe I'll be an hour
13 with him on direct.

14 MR. JACKSON: And the Court had a really good indicator
15 of Dr. Russell's direct and I'm going to leave it basically
16 at that. What the voir dire was is going to mirror what
17 I'll do with Dr. Russell.

18 MR. YANETTI: We don't have any other witnesses
19 tomorrow other than those --

20 THE COURT: I'm not sure we'll get through them all.

21 MR. JACKSON: We're not going to -- I hope we get to.
22 I don't think so.

23 THE COURT: All right. Assuming we don't get to them,
24 when is your best estimate, Mr. Jackson, as to when you
25 would then -- so who do you have after?

1 MR. JACKSON: After Dr. Russell, we will have Dr.
2 Sheridan and the two individuals from Parca.

3 THE COURT: Okay.

4 MR. JACKSON: And we're done.

5 THE COURT: Okay. So it sounds like maybe Tuesday.

6 MR. JACKSON: Tuesday or going into the morning on
7 Wednesday.

8 THE COURT: Okay. And if there's any rebuttal, have
9 that ready for Tuesday or Wednesday.

10 MR. LALLY: Sure.

11 THE COURT: All right.

12 MR. JACKSON: How long is the charge --

13 THE COURT: Probably -- oh, the charge conference?

14 MR. JACKSON: Yes, ma'am.

15 THE COURT: However much time we need.

16 MR. JACKSON: Is it an hour or two hours?

17 THE COURT: Oh, God, not two hours.

18 MR. YANETTI: I think what he's getting at is what do
19 you anticipate in terms of the timing of, you know, close
20 of evidence and charge conference, closing argument.

21 THE COURT: Let's maybe have the charge conference
22 before the close of evidence if it makes sense timing-wise.
23 So I'm not going to stop everything to have a charge
24 conference because then I can't charge immediately after
25 you argue. So we'll figure it out. I'm sure there will be

1 sometime early next week where we can.

2 MR. YANETTI: And just for my co-counsel's sake, do you
3 anticipate last witness testifies, both sides rest, and
4 going immediately into closings, or do you anticipate the
5 next morning, or?

6 THE COURT: It depends. If it's now, it's next
7 morning.

8 MR. YANETTI: Yeah.

9 THE COURT: If it's noontime, it's that day.

10 MR. YANETTI: Got you.

11 THE COURT: If it's two o'clock it might be that day,
12 too.

13 MR. YANETTI: We just don't know if we don't ask the
14 question.

15 THE COURT: And nobody will know until we get to that
16 point.

17 MR. YANETTI: Understood.

18 THE COURT: Okay. All right.

19 MR. JACKSON: Thank you, Your Honor.

20 THE COURT: See you tomorrow.

21 (Court in recess.)

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C E R T I F I C A T I O N

I, CHRISTINE D. BLANKENSHIP, NOTARY PUBLIC, DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND ACCURATE TRANSCRIPT FROM THE RECORD OF THE COURT PROCEEDINGS IN THE ABOVE-ENTITLED MATTER.

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Christine D. Blankenship, December 10, 2024

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